

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

JOE N. Harrell 100768
Full Name of Plaintiff Inmate Number

v.

Civil No. _____
(to be filled in by the Clerk's Office)

Matthew Mayer
Name of Defendant 1

☒ Demand for Jury Trial
☐ No Jury Trial Demand

Mrs. Terri OZOG
Name of Defendant 2

Jake Kothe
Name of Defendant 3

Dauphin County Prison
Name of Defendant 4

William H. Kimmick
Name of Defendant 5

(Print the names of all defendants. If the names of all
defendants do not fit in this space, you may attach
additional pages. Do not include addresses in this
section).

FILED
HARRISBURG, PA

MAY 17 2022

PER I32
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Harrell Joe N

Name (Last, First, MI)

Joe N. Harrell

Inmate Number

100768

Place of Confinement

Dauphin County Prison

Address

501 mall rd Harrisburg Pennsylvania 17101

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

<input checked="checked" type="checkbox"/>
<input type="checkbox"/>
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<input type="checkbox"/>
<input type="checkbox"/>

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced state prisoner

Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

matthew mayer

Name (Last, First)

mayer matthew

Current Job Title

Correction officer

Current Work Address

Dauphin County Prison 501 mall rd Harrisburg PA 17101

City, County, State, Zip Code

Defendant 2:

ms. Terri OZOG

Name (Last, First)

OZOG Terri

Current Job Title

Prison Counselor

Current Work Address

Dauphin County Prison 501 mail rd Harrisburg PA 17101

City, County, State, Zip Code

Defendant 3:

Jake Kothe

Name (Last, First)

Kothe Jake

Current Job Title

Grievance & Unit manager

Current Work Address

Dauphin County Prison 501 mail rd Harrisburg PA 17101

City, County, State, Zip Code

Defendant 4:

William H Kimmick

Name (Last, First)

Kimmick William

Current Job Title

C.I.D. Detective

Current Work Address

Office of District Attorney 2 South Second St 3 floor Harrisburg PA 17101

City, County, State, Zip Code

Defendant 5:

Dauphin County Prison

Name (Last, First)

Prison Dauphin County

Current Job Title

Ineffective Prison

Current Work Address

Dauphin County Prison 501 mail rd Harrisburg PA 17101

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

- A. Describe where and when the events giving rise to your claim(s) arose.

I was on Q61 cell at Dauphin County Prison I was put in the hold because ms Terri ozog didn't mail my motion on 12-28-21 I'm in the bottom bed because of stitches in my left and right hand so ones she know that I know she haven't mailed my Importation motion she moved me to top bed so I refuse to go as I was on Q61 cell.

- B. On what date did the events giving rise to your claim(s) occur?

on 1-23-22 That's when officer mayer with force aggressively grabbing squeezing my arm to the point that his finger nails was in my skin Assaulted me I wasn't refusing & got found guilty 26 days & 10 days so all together 36 days

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

① Terri ozog a Counselor did not mail my motion to the County Clerk Correction Officer ② Matthew mayer Aggravated Assaulted me with a weapon while I was handcuffed ③ Jake Kothel, Dauphin County Prison & ④ William H. Kimmick for trying to hide what's going on in the prison violating my constitutional rights. Traumatizing me for the rest of my life & got found guilty 26 days & 10 days total 36 days if I was guilty for all of this I would been charged & did more time in the hold then 36 days and the nurses is tampering with the medical records like I had stitches & they don't know where it go my medical record with importation things in it.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

① Correctional officer Matthew Mayer Assaulted me by Aggressively grabbing me & putting his arm around my Throat Choking me & Punching me repeatedly after Choking me. Screaming Spray him all The Time I was in Hand Cuff fearing for my life.
 ② and Dauphin County Prison is Trying to hide what's going on in this Prison with William H. Kimmick and Jake Kothé by making The Grievances going missing because he is handling The Grievance Jake Kothé isn't doing his job for me because if The Grievance have not been response to I Can't appeal The Grievance & I Can't Copy no Grievance so I Have to rewrite my Grievances But I have my Grievance That I mailed you on 2-1-22 I hope you'll made copy's! I wrote The Administrative & nothing

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

my Tooth got Pulled because of The altercation & my Shoulder Bone is rubbing on Bone shaving Down my Bone in my shoulder That I have to live with Hurting and really hard to move & use it with my Hand in Cuff while all of this is happening as well as spraying me with pepper spray With Covid 19 in The hole traumatizing me for the rest of my life.

VI. RELIEF

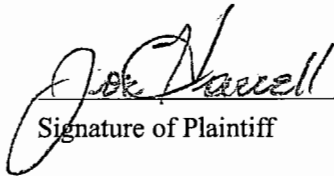
State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I'm asking for 10 million Dollars my lawyers fees payed for & all The The officers fired & my Aggravated Assault Dismissed & five hundred thousand for every Day I was in The hold Dismiss without prejudice.

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff



Date

NAME Joe Harrell
D.C.P.# 100765
DAUPHIN COUNTY PRISON
501 MALL ROAD
HARRISBURG, PA 17111-1299

HARRISBURG PA 171

10 MAY 2022 PM 4 L



Patti Sites Clerk of Court
Dauphin County Courthouse 101
Market Street, Rm. 100 Harrisburg PA 17101

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PROTHONOTARY

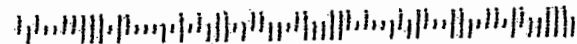
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CLERK OF COURTS
DAUPHIN COUNTY





DAUPHIN COUNTY

MATTHEW R. KRUPP
OFFICE OF THE PROTHONOTARY
101 MARKET STREET, SUITE 101
HARRISBURG, PA 17101

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United States District Court
Middle District of Pennsylvania
228 Walnut Street
Harrisburg, PA 17101

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